Category: EXO.1 Expeditionary Medical Operations

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Area EXO.1.1 Medical Readiness Planning and Oversight

Introduction This section contains all areas and elements related to medical readiness planning and oversight.

Element EXO.1.1.1 (formerly HCS.2.2.4)

Annual Training Plans

Evaluation Criteria

- Commander and executive management:
  - -- Made training a priority
  - -- Allocated resources to ensure training requirements were met
  - -- Required that effective, efficient and comprehensive training plans were developed
    - --- Cooperative effort requiring input from appropriate sources, such as:
      - ---- Unit education and training manager (included input from supervisors)
      - ---- AFSC functional training managers (RSVP)
      - ---- Medical readiness officer/NCO (included SME/GSU personnel)
  - -- Evaluated unit training programs and readiness to assess if personnel could perform wartime and peacetime responsibilities
- Unit planned, developed, coordinated and implemented a comprehensive annual training plan focused on:
  - -- OJT upgrade training
  - -- AFSC specific sustainment training (RSVP)
  - -- Medical readiness training
  - -- UTC-specific taskings
- Annual training plan encompassed:
  - -- Unit training assemblies (UTA)
  - -- Annual tours (AT)
- UTA training plans included:
  - -- Proficiency (tasks) and knowledge based requirements
  - -- Appropriate in-service training developed (knowledge based items)
  - -- Skill labs (proficiency based items)
  - -- Training affiliation agreements developed (if appropriate and applicable)
  - -- Readiness training and exercise schedule requirements
- AT training plans:
  - -- Primarily driven by gap analysis and training needs assessment of the unit and assigned personnel
  - -- Assigned personnel completed appropriate AT training
    - --- Skill level based
    - --- Plans contained specific training objectives
      - ---- CFETP core task requirements
      - ---- RSVP requirements
      - ---- Readiness requirements (if applicable)
    - --- Coordinated with host MTF prior to tour
      - ---- Validated identified objectives could be trained
  - -- End of tour (AFRC) or after-action reports (ANG) were submitted to HHQ

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and did not degrade program effectiveness.

2: Partial compliance with evaluation criteria. Deficiencies did not significantly cause adverse mission impact. For example:
- Planning process was deficient, did not address all AFSCs
- UTA training plans were not comprehensive
- AT plans did not address individual training objectives

1: Minimal compliance with evaluation criteria. Potential for significant adverse mission impact. For example:
- Unit training plan was ineffective or inefficient
- Numerous personnel did not complete AT training
- Planning did not address AFSC specific requirements
- AT requirements or plans were not communicated to host unit
- After-action reporting failed to address training effectiveness

0: Compliance with evaluation criteria was not evident. Training for assigned personnel was ineffective or insufficient.

NA: Not scored.

Protocol

P-29 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

AFI 36-2201; AFI 41-106; USAF/SG memorandum, Change to Readiness Skills Verification Program, 17 Apr 01; ANG/SG memorandum, ANG RSVP Implementation, 30 May 01; AFRCI 41-102; ANGI 40-101

Element EXO.1.1.2 (formerly MRX.1.1.1, MRX.1.1.2, and LED.2.1.2)

Readiness Reporting/Aerospace Expeditionary Forces Reporting Tool (ART)

Evaluation Criteria

- Medical unit commander:
  - -- Annually reviewed and initialed the Designed Operational Capability (DOC) statement
  - -- Reviewed, certified accuracy, and approved the Status of Resources and Training System (SORTS) report
- MRO/MRNCO (or designee):
  - -- Ensured Medical Readiness Decision Support System (MRDSS) data was updated monthly (WBITS for AFRC units, or designated system) and results of training were briefed/presented to EMC, at minimum, every other month
  - -- EMC meeting minutes reflected bi-monthly review
- Squadron SORTS monitor:
  - -- Ensured the report included all required elements of the DOC statement and any additional elements defined in supplements to the AFI
  - -- Conducted monthly review of reporting data for quality and accuracy
  - -- SORTS reports were properly annotated when required:
    - --- Used appropriate reason codes
    - --- Forecasted get-well dates for all deficient areas
    - --- Explained get-well date extensions
    - --- Explained shortfalls in remarks
  - -- Ensured commander assessments sufficiently explained rating adjustments
  - -- Skill level or AFSC substitutions were appropriate
  - -- Commander briefed monthly
- ART personnel are appointed and trained IAW wing/group or equivalent direction
- ART OPR is designated by letter or e-mail as directed by the MAJCOM/DRU/FOA for data entry access approval
- Report is accomplished on all UTCs allocated to an AEF, AEW, Lead Mobility Wing or designated Enabler
- Data and remarks adequately and accurately reflect the UTC's capability
- All records were edited as required by AFI 10-244

Scoring

4: Criteria met.

3: Minor reporting or oversight errors, mostly administrative in nature, did not adversely affect the overall accuracy of the reports. For example:

- Insufficient explanation of commander's rating adjustments

2: Partial compliance with evaluation criteria. For example:
- Report errors were not corrected
- Information in the reports was inaccurate, or could be misinterpreted and result in erroneous readiness assessments
- Get-well dates were not realistic or not based on available information
- A deficient area was identified but would not affect the overall rating of the report
- Skill level or AFSC substitutions were inappropriate

1: Minimal compliance with evaluation criteria. For example:
- Incorrect reporting which caused inaccurate readiness ratings
- Ineffective or insufficient oversight resulted in inaccurate reports

0: Noncompliance with multiple evaluation criteria or with basic program requirements. There were significant inaccuracies in MRDSS/SORTS reports.

NA**:** Not scored.

Protocol P-32 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 10-201; AFI 10-244; AFI 41-106; DODI 1322.24; AFI 10-201/AFRC Sup1; AFI 10-201/ANG Sup1

Element EXO.1.1.3 (formerly MRX.1.1.4)

Oversight of Squadron Medical Element (SME) Readiness Training

Evaluation Criteria

The host medical unit:
- Monitored the medical readiness training status of medical personnel assigned to the SME
  -- Met applicable readiness training requirements defined in AFI 41-106
- Offered training opportunities to SME personnel
- Developed and conducted the medical readiness annual training schedule with input from SME personnel
- Notified the SME squadron commander of all medical readiness training required and completed
- The medical readiness staff ensured SME personnel conducted an annual inventory and exercise of collocated air transportable clinic assets

Scoring

4: Criteria met.

3: Minor deficiencies in oversight of organizational processes, mostly administrative, did not adversely affect overall program outcome.

2: Deficiencies in training existed. Coordination of training requirements of SME personnel were not effectively communicated nor were training opportunities effectively provided to SME personnel.

1: Minimal compliance with evaluation criteria. Questionable whether medical personnel assigned to the SME were adequately trained to meet mission requirements.

0: Noncompliance with evaluation criteria. Host medical unit did not know the readiness training status of medical personnel assigned to the SME, or personnel were not trained to meet the requirements of AFI 41-106.

NA**:** Not scored.

Protocol

P-31 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

AFI 41-106; ANGI 41-104; ANG and AFRC supplements, if applicable

Element EXO.1.1.4 (formerly MRX.2.1.7)

Management of War Reserve Materiel (WRM) in Possession of Air Reserve Component Units

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Evaluation Criteria

- WRM inventories were completed annually at minimum
  - -- Inventories were conducted IAW time requirements for stored assemblages and for assets returning from deployments and exercises; if not, extension requests were properly coordinated
- Dated and deteriorated items/equipment were properly managed
  - -- Expired items were:
    - --- Posted with new expiration dates when properly extended
    - --- Marked IAW current directives and guidelines
    - --- Decisions on retaining outdated items were made jointly by the host facility and detached facility commander or designated reviewer
- Inspection of warehouses/storage areas and assemblages were conducted and actions were taken to resolve noted deficiencies
  - -- Storage provisions for WRM prevented pilferage, vermin infestation and the deteriorating effects of weather, light, moisture and extreme temperatures
- WRM assets were accounted for on the host medical supply account records
  - -- A support agreement clearly detailed responsibilities of the host medical supply account and the supported unit regarding WRM maintenance, storage, inventory, use, and distribution/deployment
  - -- Medical equipment repair support was coordinated between active duty host and supported units
  - -- Quality assurance listings and applicable portions of the WRM Medical Stock Status Report (MEDLOG) or Assemblage Status Report (DMLSS 3.X) were forwarded to supported units with WRM tasking
- Use of WRM assets for training exercises out of the local area, military emergencies, or natural disasters were properly coordinated with the host unit
- WRM projects were consistent with the guidance provided by MAJCOM

Scoring

4: Criteria met.

3: Minor deficiencies in program management did not adversely impact operational capabilities of deploying forces.

2: Significant deficiencies potentially limited the operational capabilities of deploying forces within designed operational capability (DOC) statement time-phased requirements. For example:

- Inventories were not performed annually as required and allowance standard was not reconciled for currency

- Expiring and expired items weren't managed in accordance with prescribing directives
- Quality control/quality assurance requirements were not routinely performed

1: There was minimal compliance with one or more evaluation criteria. Extensive WRM management deficiencies limited operational capabilities of deploying forces within DOC statement time-phased requirements, or asset condition was not reflected in SORTS and/or not readily deployable.

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. Deficiencies existed to the extent that the program was inadequately managed and precluded or seriously limited the operational capability of deploying forces within DOC statement time-phased requirements.

NA**:** Not scored.

Protocol P-18 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 10-201, Chap 5; AFI 10-403, Chap 4; AFI 41-201; AFI 41-209; AFMAN 23-110, Vol 5; AFRC and ANG supplements, if applicable

Element EXO.1.1.5 (formerly MRX.1.1.2, MRX.1.1.3, and MRX.3.2.2)

Squadron and Base Support Plans (BSP)

Evaluation Criteria

- MRO/MRNCO:
  - -- Coordinated annual internal review of BSP(s)
  - -- Consolidated medical inputs
  - -- Submitted appropriate (and approved) changes to the base plans office
- Unit and base support/response plans were current and reviewed annually
  - -- Changes/revisions to base plans were approved by the EMC before submission to the base plans office
  - -- Interim changes/revisions to unit and base plans were coordinated with appropriate work centers, approved and distributed
  - -- Review was documented in the EMC meeting minutes
- Collocated reserve component units:
  - -- Listed as a manpower resource in the active duty MCRP
  - -- Provided the number and AFSC of unit personnel to include in the MCRP
- Non-collocated reserve component units:
  - -- Reflected their disaster response capabilities in base support plans
- Reserve component units ensured their wartime missions were included in the parent wing mobilization plan
- Units tasked under an MCRP or BSP identified peacetime disaster team training requirements
  - -- Teams received training annually
  - -- Checklists were current, reviewed annually and supported the plan(s)
  - -- Team checklists described specific functions and were readily available to team members
- Training was consistent with the installation and organization contingency support mission and plans
- Team chiefs built training schedules, lesson plans and documented training

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Scoring

4: Criteria met.

3: Minor deficiencies in oversight of organizational processes, mostly administrative, did not adversely affect overall program outcome. For example:

- There was a lack of follow-up on coordination from one or two work centers tasked by the plan(s)
- There was minor, conflicting data within the plan(s)
- Checklists were not readily available to team members
- Number of personnel or their AFSCs were not identified in the AD MCRP (if co-located)

2: Deficiencies existed which resulted in unclear or questionable taskings in squadron or base plans. For example:
- No documented evidence of work centers, EMC or wing coordination and approval
- Inaccurate squadron taskings in the plan could cause confusion during plan implementation and affect mission accomplishment
- No attempt had been made to coordinate and submit changes to base plans when there were significant changes in medical support capability
- Lesson plans and checklists existed, but were outdated
- Team training requirements could not be validated

1: Minimal compliance with evaluation criteria. Squadron readiness or response capability was questionable. For example:
- Significant responsibilities, missions and tasks were not included in base level plans
- Multiple items missing from the plan that would cause confusion during plan implementation and could affect mission accomplishment
- Outdated base level plans were being maintained
- Checklists, training schedules, or lesson plans not developed
- Majority of team members were untrained

0: No compliance with multiple evaluation criteria and/or compliance with basic program requirements were not evident. For example:
- Plans tasked crucial medical support that the unit was no longer capable of providing

NA**:** Not scored.

Protocol P-31 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 41-106; AFI 10-212; AFI 10-402; AFI 10-403; AFI 10-404; AFI 32-4001; AFI 32-4002; AFMAN 32-4004; AFRCI 10-101; AFI 32-4001/ANG Sup1; AFI 32-4002/ANG Sup1

Area EXO.1.2 Deployment Processing

Introduction This section contains all areas and elements related to medical readiness deployment processing support.

Element EXO.1.2.1 (formerly MRX.2.1.2 and MRX.3.1.2)

Pre-Deployment Preparation Requirements – Medical Personnel

Evaluation Criteria

- Readiness personnel ensured that those assigned to mobility positions met readiness requirements. Actions included:
  - -- Current and unique immunizations
  - -- ID tags and ID card
  - -- DD Form 93, Record of Emergency Data
  - -- Geneva Convention Card
  - -- Personnel briefed on wills, power of attorney, family care plan and family readiness matters as applicable to the deploying member
  - -- A mechanism to periodically assess personal item preparation, e.g., uniforms, clothing, etc.
- A systematic process existed for assigning medical personnel to mobility positions
  - -- Personnel assignment was within allowable grade and skill level substitutions
- Staffing shortfall concerns were evaluated and reported to the medical readiness staff function/executive management committee
- Integrated deployment system (IDS) or the AF Form 4005, Individual Deployment Requirements, was used to track personnel preparedness and included:
  - -- Deployment-specific training such as weapons courier
  - -- Any other requirements as specified in the base deployment plan

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Scoring

4: Criteria met.

3: Minor deficiencies in deployment preparations/staffing did not adversely affect overall program outcomes.

2: Deficiencies existed that could have an adverse effect on program outcomes. For example:

- Deployment preparation/staffing processes were reactive
- The potential existed for assignment of personnel who were not adequately prepared to support deployment tasks
- Personnel were not advised on recommended personal items or mobility arrangements

1: There was minimal compliance with one or more evaluation criteria. Significant deficiencies in deployment preparedness/staffing compromised key deployment components. For example:

- Personnel shortfalls existed for several months without EMC involvement
- Unqualified personnel were assigned to mobility positions
- Mobility folders indicated a severe pattern of missing or outdated items required by personnel on mobility

0: There was noncompliance with multiple evaluation criteria and/or compliance with basic program requirements was not evident. There was significant potential for the unit's wartime mission capability to be degraded. Extensive deficiencies existed in deployment preparedness and staffing.

NA**:** Not scored.

Protocol P-19 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 10-201, Chap 4; AFI 10-403; AFI 41-106; AFRCI 10-405; AFRC and ANG supplements, if applicable

Element EXO.1.2.2 (formerly MRX.2.1.4, MRX.2.1.5 and MRX.2.1.6)

Deployment/Redeployment Processing Support

Evaluation Criteria

Processes were in place to ensure the deployment capability of the installation's forces, including:

- Capability of recalling a group of medical personnel trained to support installation deployment operations (as designated by the organization)
- A mechanism in place to ensure public health is notified of all deploying personnel
- Pre-screening for medical/dental/mental health and evaluation of medical eligibility for deployment
  - -- Military members have HIV test within previous 12 months and a tuberculosis skin test within 24 months of deploying
  - -- Required pre- and post-deployment preventive medicine needs were identified, accomplished and documented (e.g., immunizations; malaria chemoprophylaxis; mental health, medical and dental clearance for worldwide qualification and other follow-up as required by command authorities)
  - -- When required, pre-deployment serum was drawn within last 12 months and sent to the Armed Services Serum Repository
- Post-deployment tuberculosis screening completed as required
- Pre-deployment health screening assessments were documented on standardized forms in individual medical records; original sent to the designated authority, copy in medical record
- A notification mechanism to advise commanders of personnel deployment limitations associated with worldwide eligibility conditions (medical/dental and mental health conditions)
- Processes were in place to ensure current, area-specific medical intelligence (MI) information was provided to all deploying personnel
- MI briefings used current medical information from the deployed location for pre- and post-deployment processing
- Deploying personnel and their commanders (unit type code and notionally tasked) were briefed on illness, injuries and disease, to include combat stress, climatic and other environmental health threats (e.g., cold, heat, water, food, vector-borne disease, etc.) and their prevention
- The medical intelligence officer coordinated with line intelligence personnel to prepare the medical threat assessment and ensure medical risks were included in the final threat brief to all deploying personnel
- A mechanism existed to distribute and instruct deploying forces on the appropriate use of biological and chemical warfare agent antidotes
- A formal process for post-deployment personnel follow-up detailed:
  - -- Return of issued BW/CW (if not turned in prior to redeployment)
  - -- DD Form 2766/AF Form 1480

Scoring

4: Criteria met.

3: There was significant compliance with criteria. Minor deficiencies in process components did not adversely impact operational support to the installation.

2: There was partial compliance with one or more evaluation criteria. For example:

- Functional support was in place, however, activities were not coordinated through the designated unit deployment officer
- Units or personnel may not have proper or complete preventive medicine information or preparation for deployment or follow-up at redeployment

1: There was minimal compliance with one or more evaluation criteria. Activities only minimally supported the installation's mission or there was the potential for units or personnel not to have proper preventive medicine requirements accomplished prior to deployment or upon redeployment.

0: There was noncompliance with multiple evaluation criteria and/or non-compliance with basic program requirements. There was no evidence of program management and no plan to implement specific corrective actions to develop deployment support capability.

NA**:** Not scored.

Protocol

P-25 is the pertinent protocols for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s)

AFI 10-403; AFJI 48-110; AFI 48-123; AFI 47-101; AFI 41-106; AFI 48-115; AFI 48-135; JCS memorandum MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02

Element EXO.1.2.3 (formerly MRX.2.1.9)

Quantitative Fit Testing (QNFT) Program

Evaluation Criteria

- Bioenvironmental engineering (BE) established a QNFT program in conjunction with the civil engineer readiness flight (CEX)
- Procedures were established to identify and schedule personnel who require QNFT
- Testing was conducted according to AFI 32-4006, Chapter 2
- Individual QNFT results were maintained in the database
- Procedures existed to ensure sufficient mask replacement parts were available
- Procedures were followed if personnel could not attain the minimum target fit factor:
  - -- Exhausted all feasible options
  - -- Provided written notification to the member's unit commander
- BE provided contractor oversight (if applicable)

Scoring

4: Criteria met.

3: There was significant compliance with criteria. Deficiencies were minor, primarily administrative in nature and unlikely to compromise mission support. For example, a consolidated QNFT report was not provided to MAJCOM or all required data was not collected.

2: There was partial compliance. Some, but not all criteria were met. Program outcomes may be adversely affected. For example:

- Testing was not conducted according to the AFI
- Personnel were not effectively scheduled for training
- Wing did not meet testing timetable
- Procedures were not followed if personnel could not attain minimum target fit factor

1: Although a program had been established, procedures were not followed. Potential exists for adverse mission impact.

0: The medical unit failed to meet the minimum provisions of the element. Based on program deficiencies, the QNFT program was ineffective.

NA**:** Not scored.

Protocol

P-20 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.
Reference(s)	AFMAN 32-4006, Chapter 2; AFRC Quantitative Fit Test (QNFT) Guide, Nov 1999; ANG NBC QNFT Program Implementation Plan

Area EXO.1.3 Force Fitness

Introduction This section contains all elements related to the sustainment of a fit and ready fighting force.

Element EXO.1.3.1 (formerly MRX.2.1.3)

Medical Record Summary Forms

Evaluation Criteria

The medical records of military personnel contained all of the following on the DD Form 2766 or AF Form 1480A (ANG may also utilize the AF Form 1480):

- Significant chronic illnesses and conditions
- All hospitalizations and surgeries with dates
- Long-term medications (suggested guideline, greater than 90 days continuous use or frequent recurrent needs) prescribed to and/or used by the patient including dosage, frequency and purpose
- Immunization dates, manufacturer and lot numbers (lot numbers may be listed in separate SF 600 entries or the AF Form 1480B/DD Form 2766C may be used to document all immunization data)
- A current profile
- Current readiness related information was present:
  - -- DNA, G6PD, hemoglobin S, blood type, HIV
  - -- Deployment history (matched to related SF 600 entries or predeployment questionnaire dates), optometry prescription and date of most recent periodic exam (DD 2766/AF 1480A only)
- Medical records on flyers and special operational personnel (SOP) included all of the above plus the following:
  - -- Expiration date for any existing waivers
  - -- Participation in the aircrew soft contact lens program and date of last optometry evaluation
  - -- Documentation of any drug pre-testing, including the date the testing was accomplished
- The summary form was promptly updated (same visit) to reflect new diagnoses and/or treatments

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Scoring

4: Criteria met.

3: Criteria met in less than 90 percent of the medical records reviewed. There was inconsistent documentation in significant areas.

2: Criteria met in less than 80 percent of the medical records reviewed. Partial compliance with the standards was noted, but inaccurate/incomplete documentation represented possible negative impact upon mission accomplishment or potentially placed members at increased risk during deployments.

1: Criteria were met in less than 70 percent of the medical records reviewed. There was significant potential for missed essential information and likely

negative mission impact due to incorrect medical determinations of worldwide qualification.

0: Less than 60 percent of the medical records reviewed met criteria. Many of the forms would be of no value in a deployed situation and the potential for mission impairment, such as incorrect determinations of worldwide qualification or increased risk for avoidable individual morbidity, was significant.

NA**:** Not scored.

Protocol P-22 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-123; AFI 41-210; AFPAM 44-155

Element EXO.1.3.2 (formerly OPS.1.3.3)

Monitoring the Medical Status of Military Personnel

Evaluation Criteria

- Personnel with medical conditions impacting duty performance or assignment restrictions were appropriately profiled
- Temporary duty restriction profiles reflected the physical impairments with appropriate release dates and reasonable restrictions
- Profiles were generated expediently (suggested guideline—final copy filed in member's medical record by following unit training assembly)
- Personnel requiring a medical evaluation board for disqualifying duty or non duty-related medical conditions had been appropriately referred
- 4T profiles were revalidated monthly with data from the Military Personnel Flight (AFRC- Assignment Limitation Code C and Deployment Availability Code rosters; ANG- Assignment Availability Code 31, 37, 81)
- Medical records of newly assigned installation personnel were thoroughly reviewed, and the review was documented on SF 600s
  -- AF Forms 422 for individuals not medically qualified for mobility were appropriately annotated, for both medical and/or dental limitations
- Members who failed to complete medical requirements (e.g., periodic medical and/or dental examinations, etc.) were profiled when their current medical/dental requirements expired
- Unit commanders and deployment managers were promptly notified of a member's duty restriction affecting deployable status
- A mechanism was in place to track flying and non-flying waivers
- The waiver file was properly updated
- Existing waivers were evaluated prior to expiration and did not expire
- All relevant medical information was sent to appropriate waiver authority

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. For example:

- One or more individuals with medical conditions causing duty limitations were not appropriately profiled
- The monthly 4T profile review was not consistently performed
- A number of profiles contained inappropriate duty restrictions
- One or two waivers were overdue for renewal and unrecognized as such; interim follow-up requirements were missed

1: Adverse mission impact, including personnel nonavailability due to unnecessary work restrictions, was likely to occur. For example, five or

more individuals with medical conditions causing duty limitations were not appropriately profiled.

0: The medical unit failed to meet the minimum provisions of the element. Adverse mission impact, including personnel nonavailability due to unnecessary work restrictions, occurred. For example, ten or more individuals with medical conditions causing duty limitations were not appropriately profiled.

NA**:** Not scored.

Protocol P-22 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-123; DoDD 5154.25

Element EXO.1.3.3 (formerly OPS.1.3.4)

Medical Evaluation Board (MEB) / Worldwide Duty Medical Evaluation Program Management

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Evaluation Criteria

Procedures were in place to manage MEBs and medical evaluations of members with disqualifying non-duty related medical conditions:

- Members with identified medically disqualifying conditions were appropriately referred for medical evaluations
- Required medical documentation from civilian medical providers was provided to medical unit within specified time frame or appropriate entries were annotated on SF 600
  -- Consultations required for MEB processing were not over 90 days old
- Patients were briefed on MEB/Physical Evaluation Board (PEB) process and facts (AFRC only)
- A system was in place to monitor program objectives and compliance with established timelines
- Required notifications were accomplished following MEB/MAJCOM SG review and disposition

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Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. Program outcomes may be adversely affected. For example:

- Program deficiencies may have increased the time to resolve an MEB
- Personnel were not counseled on MEB/PEB processes

1: Few criteria were met. Adverse mission impact was highly likely to occur. For example:

- Multiple cases exceeded timeliness standards without documentation of legitimate, reasonable mitigating factors
- Members with medically disqualifying conditions were not referred for appropriate medical evaluations

0: The medical unit failed to meet the minimum provisions of the element. Extensive deficiencies made the program ineffective, negatively impacting patient morale, and delayed patient return to duty or other status actions.

NA: Not scored.

Protocol	P-22 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.
Reference(s)	AFI 48-123; AFI 44-157; AFI 36-3212

Element EXO.1.3.4 (formerly LED.2.2.3, LED.2.3.1, OPS.5.3.2)

Reserve Component Periodic Health Assessment (RCPHA) and Individual Medical Readiness (PIMR) Management

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Evaluation Criteria

- A clearly identified leadership body was responsible for the RCPHA process, e.g., aerospace medicine committee, executive committee or other chartered group. This group:
  - -- Identified education and training needs for the medical staff
  - -- Ensured adequate resources (personnel, budget, training, etc.)
- Periodic Health Assessment Monitors (PHAM)/Health Care Providers (HCP) were trained (initial and recurrent) in general occupational health issues and any unique aspects of their assigned squadrons
- Personnel who may administer the Health Risk Assessment (HRA) or the PIMR health history were trained to recognize significant responses on the forms, obtain appropriate follow-on information, and refer to PHAM/HCPs or other sections in a timely fashion
- Personnel received a RCPHA annually
- PIMR statistics (e.g., Individual Medical Readiness [IMR] rate) were tracked monthly and summary noncompliance reports were prepared for each squadron at least quarterly (ANG only)
- RCPHA statistics were tracked monthly and individual unit and overall installation compliance rates were reported to the medical unit commander, and other installation commanders as appropriate (AFRC only)
  - -- Persistent problems with compliance were elevated through the medical chain-of-command for assistance and appropriate supporting action

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. Between 86-95 percent of personnel requiring RCPHAs completed necessary exams within the past year.

2: There was a potential for compromise of the military member's health. For example:

- Between 76-85 percent of personnel requiring RCPHAs completed necessary exams within the past year
- There was inadequate oversight/executive support of the physical assessment process
- IMR rates did not meet ANG Implementation Guidelines

1: There was a greater potential for compromise of the military member's health and associated degradation of mission support. For example:
- Between 66-75 percent of personnel requiring RCPHAs completed necessary exams within the past year
- Training was insufficient to meet mission requirements

0: The medical unit failed to meet the minimum provisions of the element. Less than 65 percent of personnel requiring RCPHAs completed necessary exams within the past year, or the medical unit personnel were unable to present data that demonstrated the installation RCPHA compliance rate. There was a high potential for compromise of the military member's health and associated degradation of mission support.

NA**:** Not scored.

Protocol P-22 is the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-101; HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 6 Jul 01; HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01; Air National Guard Reserve Component (ANG) Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02; Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 20 Jul 01

Element EXO.1.3.5 (formerly OPS.5.4.1)

Immunization Services

Evaluation Criteria

- Procedures existed for determining appropriate immunization requirements and dosages
- Procedures existed to determine allergies, previous hypersensitivity reactions and pregnancy status when appropriate
- Emergency care and/or emergency response was immediately available during all immunization activities, e.g., mobility processing, annual influenza program
  - -- A person capable of treating anaphylaxis and the minimal necessary equipment (epinephrine, airway) should be present
  - -- The capability to contact an on-call military or civilian physician by phone or radio and the capability to activate the Emergency Medical System (EMS) is maintained when immunizations are being given
- Immunization waivers were appropriately coordinated and approved
- An accurate database for tracking military immunization status existed, Air Force Centralized Immunization Tracking Application (CITA)
- Immunization clinic provided immunization compliance reports to commanders
- At least 95% of military members have current hepatitis A, tetanus, and influenza
- There was an organizational process to address TB read return rates less than 90% (# returned/# placed X 100)
- Adverse vaccine reactions were reported to the Vaccine Adverse Events Reporting System (VAERS) of the Department of Health and Human Services using Form VAERS-1
- Vaccine adverse reaction reports and filing instructions were readily accessible to providers and patients
- Training of primary immunization technicians, identified immunization back up technicians (IBT), and immunization augmentees (IA) was accomplished and properly documented

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Scoring

4: Criteria met.

3: Significant compliance with criteria. Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:

- Immunizing agents were outdated or not monitored for temperature control

2: Partial compliance. Program outcomes may be adversely affected. For example:

- Standard for currency of hepatitis A, influenza and tetanus immunizations were not met
- Adverse reactions were not recorded using the Form VAERS-1
  - Continuity of care was not easily discernable in the medical records
- Emergency response requirements were not coordinated or available
- Required training for IBTs and IAs was not completed

1: Minimal compliance. There was the potential for adverse patient outcomes. For example:
- Adverse reaction treatment or follow-up was inadequate or inappropriate
- Deficiencies in personnel knowledge or practices led to substandard patient care or impacted safe and efficient immunizations

0: There was noncompliance with multiple evaluation criteria or with basic program requirements. Activities did not support the installation's mission and there was a high potential for negative patient outcomes.

NA**:** Not scored.

Protocol P-10 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s) AFJI 48-110; JCS memorandum MCM 006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02; HQ USAF/SG memorandum, Automated Documentation of Child and Adult Immunizations, 25 Jul 00; HQ USAF/SG memorandum, Immunization Program Management, 14 Feb 00; HQ AFMOA/CC memorandum, Documentation of Immunizations IAW AFJI 48-110, Immunizations and Chemoprophylaxis, 31 Mar 97

Element EXO.1.3.6 (formerly OPS.8.2.2)

Dental Readiness Classifications

Evaluation Criteria

- Air Force members were correctly placed in dental readiness classification 1, 2, 3 or 4 as described in AFI 47-101, Attachment 9
- Members in dental readiness classifications 3 and 4 were identified and closely monitored as follows:
  - -- Members in dental class 2 and 3 were apprised of their dental needs
    - --- Appropriate documentation occurred
    - --- Appropriate follow-up occurred for members in dental class 3
      - ---- AF Form 422, Physical Profile Serial Report, was initiated and processed IAW directives
      - ---- A completed copy of the AF Form 422 was available in the dental record (ANG)
  - -- ANG members identified as dental class 3 were immediately profiled P4T
    - --- Dental personnel had ensured commanders of members in dental class 3 were aware of the requirement to obtain State Air Surgeon approval for the member to attend Inactive Duty for Training
  - -- AFRC personnel identified as dental class 3 were immediately profiled P3 (for correctable conditions) or P4T (for non-correctable conditions)
    - --- Personnel in dental class 3 were considered for administrative discharge if they failed to correct disqualifying dental conditions within 12 months
  - -- A mechanism existed to apprise commanders of dental class 3 patients' progress
- Rated personnel in dental class 3 were considered for duties not involving flying (DNIF) status
- AF Form 1042, Medical Recommendation for Flying or Special Operational Duty, was completed on all personnel identified in dental class 3 (ANG)
  - -- Flying personnel were placed in duties not including flying (DNIF) status while in dental class 3 (ANG)

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient examinations.

2: Significant deficiencies existed in the Dental Readiness Classification program, including lapses in identifying, monitoring or providing expedited examinations for patients in dental class 3 or 4. Inconsistencies in notifying commanders of personnel with disqualifying defects may exist. Program outcomes may be adversely affected.

1: Few criteria met. Dental class 3 or 4 patients were inconsistently identified, monitored, or provided with expedited examinations. Processes for notifying commanders of personnel with disqualifying defects were nonexistent. Adverse mission impact or compromise of patient care was likely to occur.

0: Criteria not met. The unit failed to meet the minimum provisions of the element. Program oversight was ineffective and dental readiness and the deployment capabilities of the base were degraded. Adverse mission impact and/or compromise of patient examinations and/or dental readiness classification occurred or were highly likely to occur.

NA: Not scored.

Protocol P-21 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 47-1; AFI 47-101; AFI 48-123

Element EXO.1.3.7 (formerly OPS.1.1.4, OPS.5.3.1, OPS.5.4.2)

Reserve Component Periodic Health Assessments (RCPHA)/Physicals — Clinical and Administrative Requirements for Flying Personnel

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Evaluation Criteria

- Annual periodic health assessments, initial flying (Classes I, IA, II, III), and other flying or special operations examinations were conducted IAW regulatory guidance and documented on the appropriate form (SF 600 RCPHA overprint, SF 88, SF 93, AF Form 1042, etc.)
  - -- All clinical testing requirements were met for each RCPHA
  - -- Documentation was available in the member's medical record for all examinations
- Recent and significant past medical history was assessed and documented
  - -- There was clear evidence that an appropriate review of the health risk assessment (HRA)/PIMR health history was done and those requiring additional evaluation were forwarded to the Periodic Health Assessment Monitor (PHAM)/Health Care Provider (HCP)
  - -- Appropriate additional tests or referrals were requested
- RCPHAs/flying physicals were completed (defined as final copy filed in the member's medical record) within 2 UTAs or as designated by the medical unit commander; if not, documentation was evident as to status of completion
- Abnormal labs and physical findings were identified, documented and individuals notified of recommendation to follow-up with a private medical provider as appropriate
  - -- Profile changes or Medical Evaluation Board /World Wide Duty evaluations were initiated if indicated
- Medical/behavioral risk factors were identified, documented, and individual notified of recommendation to follow-up with a private medical provider as appropriate
- A flight surgeon completed the professional portion of the exam
- The AF Form 1480A/DD Form 2766/AF Form 1480 was updated during the RCPHA
- If the physical had expired, the individual was placed in duties not to include flying status
- Female members had baseline mammography completed at age 40 and subsequent mammography exams in accordance with the RCPHA grid
- The member's commander was notified of any member's failure to complete an examination, as appropriate

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Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise preventive efforts.

2: Some, but not all criteria were met. Health and readiness may be adversely affected. For example:
- Exams were deficient in one or more of the following areas:
  - Abnormal findings or lab results were not appropriately addressed
  - Positive responses on the health history were not addressed

1: There was noncompliance with standards. Adverse mission impact, such as unrecognized disease occurrence with subsequent impaired mission accomplishment or personal/flight safety concerns, was likely to occur.
- Significant findings or lab results were not acknowledged
- Examinations were incomplete and failed to ensure the individual was medically qualified for flying

0: The medical unit failed to meet the minimum provisions of the element.

NA**:** Not scored.

Protocol

P-22 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s)

AFI 48-101; AFI 48-123; AFPAM 44-155; HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 6 Jul 01; HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01; Air National Guard Reserve Component (ANG) Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02; Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 20 Jul 01

Element EXO.1.3.8 (formerly OPS.1.3.1, OPS.5.3.1, OPS.5.4.2)

Reserve Component Periodic Health Assessments (RCPHA) — Clinical and Administrative Requirements for Non-Flying Personnel

Evaluation Criteria

- Annual reserve component periodic health assessments were conducted IAW regulatory guidance and documented on the appropriate form (SF 600 RCPHA overprint, AF Form 1042, etc.)
  - -- All clinical testing requirements were met for each RCPHA
  - -- Documentation was available in the member's medical record for all examinations
- Recent and significant past medical history was assessed and documented
  - -- There was clear evidence that an appropriate review of the health risk assessment (HRA)/PIMR health history was done and those requiring additional evaluation were forwarded to the Periodic Health Assessment Monitor (PHAM)/Health Care Provider (HCP)
  - -- Appropriate additional tests or referrals were requested
- RCPHAs were completed (defined as final copy filed in the member's medical record) within 2 UTAs or as designated by the medical unit commander; if not, documentation was evident as to status of completion
- Abnormal labs and physical findings were identified, documented and individuals notified of recommendation to follow-up with a private medical provider as appropriate
  - -- Profile changes or Medical Evaluation Board/World Wide Duty evaluations were initiated if indicated
- Medical/behavioral risk factors were identified, documented, and individual notified of recommendation to follow-up with a private medical provider as appropriate
- A credentialed provider completed the professional portion of the exam
- The AF Form 1480A/DD Form 2766/AF Form 1480 was updated during the RCPHA
- If the physical had expired, the individual was placed on worldwide nonqualified status with an AF Form 422 IAW specific ARC guidance
- Female members had baseline mammography completed at age 40 and subsequent mammography exams in accordance with the RCPHA grid
- The member's commander was notified of any member's failure to complete an examination, as appropriate

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Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise health assessment efforts.

2: Some, but not all criteria were met. Health and readiness may be adversely affected. For example:
- Exams were deficient in one or more of the following areas:
  - Abnormal findings or lab results were not appropriately addressed
  - Positive responses on the health history were not addressed

1: There was noncompliance with standards. Adverse mission impact, such as unrecognized disease occurrence with subsequent impaired mission accomplishment or personal safety concerns, was likely to occur.
- Significant findings or lab results were not acknowledged
- Examinations were incomplete and failed to ensure the individual was medically qualified

0: The medical unit failed to meet the minimum provisions of the element.

NA**:** Not scored.

Protocol P-22 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-101; AFI 48-123; AFPAM 44-155; HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 6 Jul 01; HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01; Air National Guard Reserve Component (ANG) Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02; Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 20 Jul 01

Area EXO.1.4 Medical Readiness Training

Introduction This section contains all elements related to Medical Readiness Training.

Element Identifiers		Medical Readiness Training	
New	**Old**	**Element Title**	**Page #**
EXO.1.4.1	MRX.1.1.2 MRX.1.2.1	Exercise Requirements, Development and Evaluation	EXO 1-38
EXO.1.4.2	MRX.2.1.1	Self-Aid and Buddy Care (SABC) Program	EXO 1-40
EXO.1.4.3	MRX.2.1.8	Bioenvironmental Engineering Readiness	EXO 1-42
EXO.1.4.4	MRX.3.1.1 MRX.3.1.2	Measurable Training Requirements	EXO 1-44
EXO.1.4.5	MRX.3.2.1	Training With War Reserve Materiel (WRM) Assemblages	EXO 1-46
EXO.1.4.6	MRX.3.2.3	Air Force Specialty Code (AFSC) Specific Sustainment Training	EXO 1-47

Element EXO.1.4.1 (formerly MRX.1.1.2 and MRX.1.2.1)

Exercise Requirements, Development and Evaluation

Evaluation Criteria

- MRO/MRNCO:
  - -- Developed an annual exercise schedule
- EMC (use meeting minutes to document):
  - -- Reviewed and approved the unit readiness exercise program
  - -- Included planning and execution (mass casualty or other exercises, as applicable)
  - -- Approved prior to the new calendar year
- Annual mass casualty exercise requirements were accomplished
  - -- All medical personnel participated
  - -- Exercises were conducted/operated in simulated conditions
  - -- Integrated with wing exercises whenever possible (e.g., major accident response exercise)
- Exercise scenarios were realistic, contingency based and included:
  - -- AFSC specific competency training objectives
  - -- Assigned UTCs
  - -- Non-AFSC (medical readiness) training objectives
  - -- Incorporated lessons learned from previous exercises
- Exercise reports assessed effectiveness of exercise planning processes and guidance, training programs, and operational responses
- Exercise Evaluation Team (EET) performed assessments based on specific exercise objectives
- Post-exercise or incident critiques were conducted by team chiefs, exercise evaluators, medical readiness staff, and addressed:
  - -- Cross-feed among participants
  - -- Training deficiencies
  - -- Areas for improvement
  - -- Response plan improvement
- Post-exercise or incident summaries:
  - -- Comprehensive report focused on unit involvement
  - -- Provided a forum for written and verbal inputs from team chiefs and EET
  - -- Corrective actions and recommended changes in local plans were reviewed and approved by the EMC

Scoring

4: Criteria met.

3: Exercises and post-exercise or incident summaries were accomplished but minor, mostly administrative-type deficiencies, detracted from overall program execution.

2: Deficiencies existed in execution of program elements. For example:

- Exercise plans and scenario development were conducted, but post exercise or incident summaries were not accomplished
- Exercise plans were not fully developed with input from team leaders and section chiefs that incorporated AFSC specific training objectives
- Exercise plans or scenario development did not incorporate UTC specific training objectives
- Scenario development did not reflect likely contingency taskings
- Post-exercise/incident summaries were accomplished, but did not include input from team chiefs/leaders, evaluators and participants

1: Significant deficiencies in meeting exercise requirements compromised key components of contingency response. For example:
- Exercises were scheduled but not accomplished
- Exercise plans/scenario development lacked key components (e.g., AFSC specific, UTC specific and medical readiness training objectives)
- Significant percentage of assigned medical personnel did not participate in scheduled exercises

0: Exercise requirements were not accomplished IAW AFI 41-106. The overall readiness of the squadron was compromised and response capability significantly degraded.

NA**:** Not scored.

Protocol P-31 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 41-106; AFI 10-212; AFMAN 10-401V1, Chap 27 (reference); AFMAN 10-401 V2, Annex Q (reference); AFI 32-4001, Chap 5; DOC statement; Mission Capability Statement(s); AFRCI 10-401; AFRC and ANG supplements, if applicable

Element EXO.1.4.2 (formerly MRX.2.1.1)

Self-Aid and Buddy Care (SABC) Program

Evaluation Criteria

The SABC Advisor accomplished the following:

- Scheduled and conducted SABC instructor training for all units for which the medical unit had responsibility
- Evaluated unit SABC programs annually and verified that instructors taught at least two courses per year to maintain certification (two courses within two years for AFRC)
- Validated the quality of training at the unit level
- Provided certification letters to unit commanders for each person successfully completing the SABC instructor training program

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Scoring

4: Criteria met.

3: Minor deficiencies, mostly administrative in nature, did not affect overall program management. For example:

- Annual evaluations of some units' SABC programs were not accomplished
- Letters of certification were not always sent to unit commanders for each person who successfully completed the SABC instructor training program

2: Program deficiencies potentially compromised program objectives. For example:

- Annual evaluations of most units' SABC programs were not accomplished

1: There was significant noncompliance with one or more evaluation criteria. Deficiencies degraded overall preparedness. For example:

- There were no annual evaluations accomplished of unit-level SABC programs
- Unit SABC instructors had not been appointed or trained
- Instructor course availability was insufficient to enable prompt training and certification of newly appointed instructors

0: There was noncompliance with standards.

- The medical unit failed to meet the minimum requirements of AFI 36-2238 and deficiencies were likely to lead to unnecessary casualties if SABC was needed in an emergency. For example:
  - Inadequate program oversight resulted in many units having no SABC training program

NA**:** Not scored.

Protocol P-19 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 36-2238; AFI 32-4001; AFI 41-106; HQ USAF/SGX memorandum, Self-Aid and Buddy Care Requirements for Medical Service Personnel, 2 Apr 02; HQ USAF/IL memorandum, Air Force Installation Actions For Response To Terrorist Attacks With Weapons of Mass Destruction (WMD), 15 Nov 01; AFI 36-2238, AFRC Sup 1

Element EXO.1.4.3 (formerly MRX.2.1.8)

Bioenvironmental Engineering Readiness

Evaluation Criteria

- The nuclear, biological and chemical (NBC) medical defense officer:
  - -- Provided or supervised NBC training for the medical unit
  - -- Worked closely with the Civil Engineer Readiness Flight (CEX) to verify base and medical NBC training provided consistent instruction
  - -- Evaluated NBC aspects of medical planning and effectiveness of training
- Bioenvironmental engineer (BE) assisted CEX with the development of the installation NBC detection plan and performance of NBC surveillance
  - -- Operational testing of chemical agent monitors (owned by the medical unit) was conducted according to applicable directives
- BE (regardless of formal BE NBC team tasking) conducted joint training with CEX at least annually
- BE conducted water vulnerability studies in coordination with the services and civil engineer squadrons
- BE acted as primary medical focal point on HAZMAT issues*
- As a member of the disaster control group, BE had procedures in place to do the following at accident or disaster sites:*
  - -- Evaluate health hazards
  - -- Determine protective measures and equipment
- BE checklists were developed for foreseeable accidents and contingencies (e.g., chemical spills, fuel spills and incidents involving advanced composites, natural disasters, biological or chemical terrorism)*

Note: *Applicable to units with a disaster response requirement.

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support.

2: There was partial compliance with criteria. For example:
- NBC medical defense officer did not perform required duties
- Water vulnerability study was not completed

1: Based on deficiencies, there is potential for significant mission impact. For example:
- Checklists were not developed for tasked disaster response requirements

0: BE failed to meet the minimum provisions of the element.

NA**:** Not scored.

Protocol P-20 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component MSC inspector.

Reference(s) AFI 41-106; AFMAN 32-4004

Element EXO.1.4.4 (formerly MRX.3.1.1 and MRX.3.1.2)

Measurable Training Requirements

Evaluation Criteria

- Unit commander, EMC, MRO/MRNCO ensured:
  - -- Personnel were trained in accordance with minimum requirements established in AFI 41-106 and other applicable directives
  - -- Training currency was routinely monitored and evaluated
  - -- Training was tailored to meet DOC statement tasking(s)
  - -- Training was provided to sufficient numbers of personnel to maintain a mission-ready status
    - --- Individuals assigned to mobility positions maintained currency in SORTS reportable training requirements
    - --- Mechanism was in place to train personnel who were absent and/or excused from scheduled training
  - -- Training shortfalls were identified
    - --- Plans and processes established to rectify training deficiencies
  - -- Training was documented using appropriate tracking systems or forms
  - -- MAJCOM waivers were requested prior to granting an individual(s) equivalency credit for mandatory training requirements
- A process existed to ensure personnel assigned to deployable UTCs completed UTC team-specific training requirements within six months of being assigned to a unit, or within six months of qualification in their AFSC

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, did not degrade training levels or capability to meet SORTS requirements.

2: Partial compliance with evaluation criteria. For example:

- Measurable training requirements were not consistently accomplished
- Training plans and programs were not comprehensive

1: Minimal compliance with evaluation criteria. Significant deficiencies in training programs degraded levels of training, programs were potentially inadequate to support the organization's contingency tasks or the SORTS training rating was impacted.

0: Noncompliance with evaluation criteria. Squadron's ability to respond to contingencies was adversely affected. For example:

- Training programs were nonexistent or not relevant to the organization's mission/tasks
- SORTS reportable requirements had not been identified and trained

- Quality of training and availability of training resources were limited or nonexistent

NA**:** Not scored.

Protocol P-31 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 41-106; AFI 10-201; AFI 10-201/ANG Sup1; AFI 10-201/AFRC Sup1

Element EXO.1.4.5 (formerly MRX.3.2.1)

Training with War Reserve Materiel (WRM) Assemblages

Evaluation Criteria

- UTC deployable personnel exercised with DOC statement assigned WRM equipment and materiel annually
  -- Documented evidence of real-world deployment satisfies requirement
- Training programs were realistic and enabled UTC tasked personnel to evaluate the usefulness and serviceability of items in the assemblages
- Limiting factors and/or shortfalls were formally identified to the executive management committee
- Organizations that did not possess WRM assets arranged hands-on training opportunities for tasked personnel. Deployable personnel were trained on DEPMEDS/WRM materiel/assemblages to the greatest extent possible

Scoring

4: Criteria met.

3: Minor deficiencies existed, but did not degrade deployment capability.

2: Partial compliance with evaluation criteria. Processes to train personnel or evaluate the status of WRM assemblages were not efficient or were limited. Potential existed to degrade ability to perform the mission.

1: Minimal compliance with evaluation criteria. For example:

- Training programs were not adequate to train personnel to utilize WRM assemblages
- Personnel had identified equipment that needed replacement but no plans were made for replacement

0: Noncompliance with multiple evaluation criteria and/or compliance with basic program requirements were not evident. Mission capability was degraded. Training programs and evaluation of WRM assemblages were not in place to meet mission taskings.

NA**:** Not scored.

Protocol

P-31 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

AFI 41-106

Element EXO.1.4.6 (formerly MRX.3.2.3)

Air Force Specialty Code (AFSC) Specific Sustainment Training

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Evaluation Criteria

Readiness Skills Verification Program elements:

- Commander formally appointed a functional training manager as OPR for each AFSC assigned to the unit
- Functional training managers:
  - -- Identified training requirements using the appropriate database
  - -- Reviewed training requirements
  - -- Identified personnel whose training requirements were satisfied during daily practice (to include civilian employment), routine in-services, exercises, etc.
  - -- Coordinated with medical readiness and/or education and training (or appropriate unit staff functions) to determine methodology and timeline for scheduling and completion of training
  - -- Maintained a continuity binder that records, at a minimum:
    - --- Who received training
    - --- What training had been completed
    - --- When was training completed
    - --- What requirements could not be trained within unit capabilities
    - --- Automated tracking systems may be used in lieu of a continuity binder
  - -- Ensured training was documented on an AF Form 1098, or equivalent (approved automated database may be used)
- Gap analysis was accomplished
  - -- Strategic plans were developed to accomplish identified training needs
- EMC notified MAJCOM of tasks the unit was unable to train on locally or through established programs (civilian and military)
- Units incorporated AFSC specific training requirements in the annual medical readiness training plan
- Mechanism was in place to train personnel who were absent or excused from scheduled training

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Scoring

4: Criteria met.

3: Training programs were adequate. Minor deficiencies did not degrade unit response capabilities or program requirements.

2: Partial compliance with evaluation criteria. Training programs were adequate, however, not all requirements were addressed appropriately. For example:

- Majority of personnel were trained, but unit did not have an efficient make-up training program for those who missed scheduled training

- Training documentation was inadequate
- Some functional training managers were not accomplishing assigned duties and responsibilities
- MAJCOM had not been informed of training deficiencies in the RSVP

1: Minimal compliance with evaluation criteria, causing potential degradation of response capability. Training programs were not adequate to ensure personnel were trained to support mission taskings.

0: Noncompliance with multiple evaluation criteria and/or basic program requirements. Unit was not capable of supporting mission taskings.

NA**:** Not scored.

Protocol P-29 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component enlisted medical inspector.

Reference(s) AFI 41-106; AFRCI 41-102; HQ USAF/SG memorandum, Change to Readiness Skills Verification Program, dated 17 Apr 01; ANG/SG memorandum, ANG RSVP Implementation, 30 May 01

Area EXO.1.5 Flight Medicine Management

Introduction This section contains all elements related to flight medicine management and oversight.

Element EXO.1.5.1 (formerly OPS.1.1.1 and OPS.1.1.2)

Management of Duty Restrictions for Flying and Special Operations Personnel

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Evaluation Criteria

- A process existed to ensure flight surgeon review of all medical care received by flyers and special operational personnel (SOP) (to include air traffic controllers, pararescue, missileers, space operations, special forces jump personnel, etc.) outside the medical unit. This review was documented appropriately in the medical record
- Appropriate aeromedical disposition was documented
- A process was in place to ensure specialty referral documentation was received
- Documentation showed a mechanism existed to notify the member's squadron daily of any change in the aeromedical status of fliers/special ops personnel
- The Chief and NCOIC of flight medicine signed the AF Form 1041, Medical Recommendation for Flying or Special Operational Duty Log, to verify monthly review process
- Performance was regularly monitored and discussed at an appropriate forum (e.g., aeromedical council staff meetings)

Scoring

4: Criteria met.

3: Deficiencies were relatively minor and usually related to inadequate documentation as opposed to failed processes. There was no discernible mission impact.

2: Some, but not all criteria were met, with possible negative mission impact. For example:
- Notification gaps occurred
- Grounding review forums did not meet regularly

1: Adverse mission impact, including unnecessary scheduling changes and degraded flying safety was highly likely to occur. For example:
- Notification system was ineffective
- Significant number of out-of-clinic medical record entries were not reviewed within the recommended timeframe
- Multiple records contained disqualifying diagnoses without appropriate action

0: The medical unit failed to meet the minimum provisions of the element.

NA**:** Not scored.

Protocol P-22 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-101; AFI 48-123

Element EXO.1.5.2 (formerly OPS.1.1.3)

Aviation Soft Contact Lens (SCL) Program

Evaluation Criteria

- Evidence existed of effective coordination between flight medicine and optometry sections:
  - -- Prompt identification of arriving personnel who wear contact lenses
  - -- A forum existed for periodic program status reports (e.g., Aeromedical Council)
  - -- An accurate database identifying all aviators using soft contact lenses and their follow-up status
- All required optometric evaluations (7 day, 30 day, 6 month, 12 month after initial issue; annually thereafter) were completed
- Visual acuities were measured with spectacles immediately following removal of contact lenses and documented as part of annual exam
- Members failing to complete required follow-up were notified of exclusion from the SCL program
- Medical records included documentation of the initial contact lens briefing and recurring education of aviators regarding approved cleaning methods, proper use/wear, emergency procedures, proper back-up supply of lenses, mobility concerns, etc.
- Appropriate thirty day abstinence from contact lens use prior to Flying Class I/IA and Enhanced Flying Screening-Medical (EFS-M) examination was documented in the medical record
- SCL-related incidents were reported to the USAF SCL medical surveillance team

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Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Some, but not all criteria were met. For example:
- The database was inaccurate
- Medical personnel did not consistently remove "overdue" personnel from the SCL program

1: Monitoring procedures in place were insufficient to meet mission requirements. For example:
- The database was not effectively utilized to monitor follow-up status
- No action was taken to remove "overdue" personnel from the SCL program

0: The medical unit failed to meet the minimum provisions of the element.

Adverse mission impact, including an increased risk for aviation mishaps due to unrecognized degraded vision, could occur. For example:

- There was no database and/or no evidence of close coordination between optometry and flight medicine

NA**:** Not scored.

Protocol P-22 and P-24 are the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) HQ AFMOA/SG memorandum, Aircrew Soft Contact Lens (SCL) Program, 15 May 96; AFI 48-123; AF Pamphlet 48-133

Element EXO.1.5.3 (formerly LED.2.3.1 and OPS.1.21)

Flight Surgeon Operational Responsibilities

Evaluation Criteria

- Documentation showed reasonable allocation of time between clinical and operational duties of assigned flight surgeons, including SMEs
- Documentation revealed active participation in the following areas by all assigned flight surgeons, including SMEs:
  - -- Medical staff training including occupational medicine training for primary care personnel, physical examination section (PES) technician in-service training and medical readiness training
  - -- Medical support of the flying safety program
  - -- Occupational shop visits with BEE and/or PH personnel
  - -- Flight surgeon flying hour and aircrew ground training currency
  - -- Flying/spec ops squadron activities (commander's call, squadron senior staff meetings, pre-deployment medical intelligence briefings, etc.)
  - -- Flight surgeon visits to operational support facilities (e.g., life support facilities, RAPCON, control tower, fire department)

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise mission support.

2: Some, but not all criteria were met. Program outcomes may be adversely affected. For example:

- Educational events occurred sporadically
- Industrial shop visits or public health facility visits occurred sporadically

1: Few criteria were met. For example:

- Flight surgeon office educational efforts failed to provide the medical staff with needed information and training
- Essential deployment skills were inadequate due to lack of training

0: The medical unit failed to meet the minimum provisions of the element.

NA**:** Not scored.

Protocol

P-22 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 48-101

Area EXO.1.6 Workplace Surveillance

Introduction This section contains all elements related to the identification, evaluation and control of workplace hazards.

Element EXO.1.6.1 (formerly OPS.3.1.1)

Bioenvironmental Engineering Occupational Health Management

Evaluation Criteria

- The bioenvironmental engineer (BE) developed and maintained a master listing of all workplaces included in the BE area of responsibility (including contractor operations requiring support)
  - -- Shops were assigned to priority categories
  - -- The BE developed a master shop surveillance schedule based on workplace categorization
  - -- The BE performed activity based assessments according to the master schedule
- The BE periodically assessed adherence to the routine surveillance plan and adjusted as needed
- Summary of exposures provided to the occupational health working group for each workplace
  - -- At a minimum, contained information on exposures above the action level or exposures requiring control
  - -- Included noise dosimetry results
- The BE produced a written report summarizing the outcome of the special evaluation, plans for additional evaluations and recommended actions to reduce risk and cost
- The BE produced a written report summarizing the outcome of routine surveillance, plans for special surveillance and recommended actions to reduce occupational health risks
- A BE or 7- or 9- skill level BE technician (where there is no BE) certified the Personal Protective Equipment (PPE) appropriate for each workplace operation or task, and provided a copy of the certified list with each periodic survey report
  - -- Known limitations of prescribed PPE such as breakthrough times, abrasion sensitivity, temperature range, etc., related to shops
- The BE determined special surveillance health risk priorities and categories
  - -- The BE developed and maintained a master list of special surveillance needs
  - -- The BE scheduled and conducted special surveillance tasks according to the established priorities
- Air sample results were reported to the affected worker(s) within 15 days of receiving results, unless OSHA requires a shorter reporting period
- Workplace supervisor notification of hazardous noise exposures in writing within 30 days
- The BE briefed the status of the Occupational Surveillance as appropriate at the Air Force Occupational Safety and Health and Aeromedical Councils as required, e.g., status of the respiratory protection, radiation permits/new uses of radioactive material and risk assessment code programs

- The BE appropriately conducted evaluations of workplace hazards to support the Fetal Protection Program
- Occupational health-related ECAMP or OHCAMP findings were tracked and resolved

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit monitor must monitor implementation of the workplace surveillance even if accomplished by another agency.

Scoring

4: Criteria met.

3: Deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care. For example:
- The BE met shop surveillance schedules for 90 percent or more of scheduled category 1 shops
- The BE met shop surveillance schedules for 80 percent or more of scheduled category 2 shops
- Workplaces were assigned to priority categories, but criteria for workplace prioritization were not clearly established

2: Program outcomes may be adversely affected. Incomplete data limited the ability to assess exposures and comply with Occupational Safety and Health Administration or Nuclear Regulatory Commission standards. For example:
- The BE met the shop surveillance schedule for 70-89 percent of scheduled category 1 shops
- The BE met the shop surveillance schedule for 50-69 percent of scheduled category 2 shops
- Assessments conducted in shops since Oct 97 were only partially task/process based
- Workplace categorization did not align with criteria outlined in AFI 48-145
- There was no clearly established process for scheduling and tracking special surveillance according to established priorities

1: Adverse mission impact was expected to occur. For example:
- The BE met the shop surveillance schedule for less than 70 percent of the category 1 shops
- The BE met the shop surveillance schedule for less than 50 percent of category 2 shops
- There was substantial noncompliance with Occupational Safety and Health Administration (OSHA) or AF regulatory requirements
- There was potential for employee health & safety to be compromised

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element and adverse mission impact occurred or was highly likely to occur. There was a high potential for employee health and safety to be compromised or there was noncompliance with Occupational Safety and Health Administration or AF regulatory requirements.

NA**:** Not scored.

Protocol P-27 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.

Reference(s) AFI 91-301; AFI 48-145, Chap 1 and 2; 29 CFR 1960, subpart D; AFI 48-101; AFI 40-201, AFOSH Std 48-8; AFOSH Std 48-19, AFOSH Std 48-137; AFOSH Std 91-501; 29 CFR 1910, subpart Z

Element EXO.1.6.2 (formerly OPS.3.1.2)

Bioenvironmental Engineering Special Surveillance Programs

Evaluation Criteria

- Bioenvironmental Engineer (BE) established a base-wide respiratory protection (RP) program
  - -- Maintained a master respirator inventory
  - -- Clearly reported to shops if respirators are required or recommended
  - -- Documented reasoning for respirator selection (e.g., AF Form 2773)
  - -- Determined change schedule for filters, canisters and cartridges based on objective information or data
  - -- Assisted workplaces in developing appropriate RP operating instructions (OIs) and reviewed and approved the OIs annually
  - -- Established an effective procedure to ensure workers had received medical evaluations before fit testing
  - -- Established a procedure to insure a respirator fit-test is carried out for each wearer of a tight-fitting respirator at least once every 12 months or as required by a substance specific Occupational Safety and Health Administration (OSHA) standard
  - -- Reviewed and reported the status of the base respiratory protection program in writing to the Aeromedical Council and the base AFOSH council (or equivalent) annually
- Radiation Safety Officer established a wing instruction outlining the base ionizing radiation protection program to keep exposures as low as reasonably achievable (ALARA) (e.g., surveys, dosimetry, training, leak tests, inventories, public dose assessments, facility design/layout/area classification and RAM shipping, receiving, recycling and disposal, exposure control activities/monitoring/surveillance activities, personnel dosimetry, and non-Air Force organizations to use radioactive materials on the installation)
  - -- All required training was performed and documented
  - -- Appropriate surveillance procedures of occupational and general public exposures where radiation producing devices or RAM were operated/stored were accomplished
  - -- Personnel thermoluminescent dosimetry (TLD) program documented receipt of TLD information by the worker and evaluated exposures to pregnant females and fetuses
  - -- Identified personnel who have radiation exposures during civilian employment and includes monitoring data in the master radiation exposure registry
  - -- The installation RSO has maintained copies of SDRD Form 1527-1, Annual Report of Individual Occupational Exposures to Ionizing Radiation, for 5 years
  - -- The SDRD Forms 1527-1 were filed in the individual's outpatient medical record annually

- Procedures ensured identification of chemical hazards within the workplace
  -- The BE actively participated in the HAZMAT process by evaluating AF Forms 3952 for health risks to personnel and control options
  -- A comprehensive inventory of all chemicals hazards for each workplace was documented on AF Form 2761 or equivalent and periodically validated; key constituents were defined
- The BE defined regulated areas as required
  -- Appropriate regulated area documentation was maintained by industrial shop and or BE office

Note: The criteria of this element must be met either through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor implementation of the workplace surveillance program even if accomplished by another agency.

Scoring

4: Criteria met.

3: Identified deficiencies were minor, primarily administrative in nature, and unlikely to compromise either mission support or patient care.

2: Program outcomes may be adversely affected. Incomplete data limited the ability to assess exposures and comply with Occupational Safety and Health Administration standards. For example:
- Fit-testing conducted did not include the eight exercise protocols required by OSHA
- Incomplete data limited ability to assess exposures and comply with OSHA or Nuclear Regulatory Commission standards

1: There was the potential for employee health and safety to be compromised. For example:
- There was little or no evidence that a respiratory protection program existed
- There was substantial noncompliance with Occupational Safety and Health Administration (OSHA), Nuclear Regulatory Commission or Air Force regulatory requirements
- There was the potential for employee health and safety to be compromised

0: There was noncompliance with standards. The medical unit failed to meet the minimum provisions of the element and adverse mission impact occurred or was highly likely to occur.

NA**:** Not scored.

Protocol	P-27 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component medical manager inspector.
Reference(s)	AFI 48-148; AFI-40-201; AFI 48-125; AFOSH Std 48-137; AFOSH Std 48-8; AFOSH Std 48-19; AFOSH Std 161-2; AFI 32-7086

Element EXO.1.6.3 (NEW)

Subsistence Inspection Activities

Evaluation Criteria

- Public Health provided guidance to facilities concerning wholesomeness, condition, and quality of foods at delivery, storage and issue
- Public Health ensured local subsistence procurement contractors obtained subsistence items from approved sources and the subsistence contract contained adequate quality assurance provisions (QAP)
- If locally approved establishments existed, Public Health periodically (as determined by the Aeromedical Council) inspected the sanitation of these establishments using appropriate MIL-STD series checklists/standards and/or the current FDA Food Code
- The quantity, location and serviceability of operational rations (e.g., MREs, T-rations, cold weather rations, survival rations, etc.) were monitored
- Public health communicated with local, state, and federal food safety officials on current food safety trends
- Mechanisms were in place to initiate ALFOODACT investigations and ensure messages were "closed out" to indicate final disposition was complete
- A written food vulnerability assessment had been completed

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to impact food or contract compliance requirements. Adverse unit or individual health outcomes are not anticipated.

2: There was a possibility that food wholesomeness and contract compliance requirements were not being met.

1: There was minimal compliance with evaluation criteria. There was a strong probability that food wholesomeness and contract compliance requirements were not being met.

0: There was noncompliance with multiple evaluation criteria and/or compliance to basic program requirements was not evident. Food wholesomeness, quality and contract compliance requirements were not being met.

NA**:** Not scored.

Protocol

P-14 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s) Current FDA Food Code; DPSC Handbook 4155.2, Appendix A; AFI 48-101; AFI 48-116; The Joint Receipt Food Inspection Manual, 29 Jan 96; The Joint Surveillance Food Inspection Manual, 10 May 95; AFMOA/SGPA memorandum, USAF Public Health Responsibilities for Prime Vendor Deliveries, 9 Nov 95; AFI 41-106; AFMOA/CC memorandum, Food Safety Support for Commissaries, 07 Mar 00

Element EXO.1.6.4 (NEW)

Food Facility Sanitation Evaluation and Foodhandler Training

Evaluation Criteria

- Public health's sanitary evaluations addressed:
  - -- Compliance with FDA's Food Code
  - -- Effectiveness of food safety training by assessing knowledge of food safety principles
  - -- Procurement of foods from approved sources
  - -- Food storage practices (including signs of deterioration/damage, adulteration/contamination)
  - -- Effectiveness of self-inspections
  - -- Food security
- Public health provided or approved initial food safety and security training for food service employees
- Public health provided annual food safety training for food service supervisors (covering the epidemiology of foodborne diseases and the impact of food safety on military readiness and community health)
- Flight surgeons (and other medical personnel likely to deploy to fill a sanitary compliance function) conducted, with public health, visits to facilities to support food safety programs
- Public health developed, and annually exercised, foodborne illness investigation plans; exercise scenarios included, as a minimum, public health officers, flight surgeons, independent duty medical technicians and technicians from flight medicine, public health and squadron medical elements
- Coordinated with force protection partners (security forces and facility managers at a minimum) for food security
- Public health coordinated with medical unit, services squadron, and support group commanders, as needed, on the status of the base food safety program (e.g., trend analysis reports, unsatisfactory reports, other food safety items of interest, etc.)

Scoring

4: Criteria met.

3: Minor deficiencies, primarily administrative in nature, were unlikely to result in adverse unit or individual health outcomes.

2: Potentially unsafe or unsanitary food operations may not be identified and corrected which placed the base or deployed community at risk for foodborne illness.

1: Few criteria met. Monitoring procedures were insufficient to ensure food safety. Because unsafe or unsanitary food operations were not being

identified and corrected the base or deployed community was at increased risk for foodborne illness.

0: Because of process dysfunction, unsafe or unsanitary food operations had not been identified and corrected. The base or deployed community was at high risk of a foodborne illness.

NA**:** Not scored.

Protocol P-14 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-1771/2566 and request an Air Reserve Component nurse inspector.

Reference(s) Current FDA Food Code; AFPD 48-1; AFI 48-101; AFI 48-116; HQ USAF/SGOP memorandum, Application of FDA Food Code for USAF Sanitation Program, 9 Nov 95 (or most current); AFMOA/CC memorandum, Food Security Guidance, 21 Nov 01

Data Collection Tool The table below lists the information required by inspectors during their document reviews and/or conferences. It may be helpful to utilize this table during self-evaluation efforts.

Sanitation Inspection Review				
Facility Name				
All phases of operation inspected				
Management's self-inspection program evaluated				
Food safety training effectiveness evaluated				
Inspector consistency				
Ratings match findings				

"+" = PRESENT "-" = NOT PRESENT "NA" = NOT APPLICABLE